

FAX THIS FORM TO: 717-651-2383 (Complete the following before faxing.)

Date _____ Number of Pages _____ Return Fax Number () _____

Or mail this form to: WageWorks Processing Center, PO Box 69310, Harrisburg, PA 17106-9310

ABOUT YOU (Please provide employee information. All fields are required.)

Last Name _____ First Name _____
 Social Security Number (last 4 digits) _____ Employer _____
 Zip _____ Birth Month/Day (MM/DD) _____
 Email _____

YOUR EXPENSES (Please print.)

#	Name of Parking Facility/ Service Provider	Type of Service	Benefit Month (when you parked or rode, not paid)		Out-of-Pocket Cost	No Receipt Provided	Use Balance to Pay for Next Commuter Order
1		<input type="checkbox"/> Parking <input type="checkbox"/> Vanpool <input type="checkbox"/> Pub Trans	Month	Year	\$	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/> Parking <input type="checkbox"/> Vanpool <input type="checkbox"/> Pub Trans	Month	Year	\$	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/> Parking <input type="checkbox"/> Vanpool <input type="checkbox"/> Pub Trans	Month	Year	\$	<input type="checkbox"/>	<input type="checkbox"/>

YOUR CERTIFICATION (Employee signature required.)

I certify that:

1. The information on this page is accurate and complete.
2. I am requesting reimbursement for my own personal expenses.
3. I have used these services in the benefit month indicated. (Claims will be accepted no sooner than the first day of the benefit month indicated.)
4. No portion of the out-of-pocket cost indicated will be reimbursed to me through any other source.
5. If No Receipt Provided is checked, this service provider does not provide receipts (such as payments made by token/ticket machine, meter or cash box).
6. If Use Balance to Pay for Next Commuter Order is checked, I am requesting that any remaining balance for this benefit month be turned into a credit that will reduce my next pre-tax payroll deduction.
7. If the Type of Service is Public Transportation, a pass for this service in this amount is not available for purchase from WageWorks.

Employee Signature _____ Date _____

DID YOU:

1. Complete a separate line for each expense. (Claims will be accepted no sooner than the first day of the benefit month indicated.)
2. Include a receipt for each expense, if provided (or indicate not provided). Photocopies are preferred.
3. Be sure that the amount on your receipt for each expense corresponds to the amount on this form.
4. Sign this form.
5. Make a copy of this completed form and your proof of expense for your personal tax records.
6. Fax or mail this form. (Do not do both.)

GUIDELINES:

This claim is eligible to be reimbursed in the current month if it is received by Noon EST two days prior to your employer's monthly order deadline. Claims received later will be eligible for reimbursement in the next month. All reimbursements are made in accordance with your employer's reimbursement schedule. (You will be notified by mail if your claim is denied.)

You can view the status of your claim online at www.wageworks.com within 72 hours after we receive it.